

MANHASSET SECONDARY SCHOOLS  
HEALTH OFFICE

**POST-CONCUSSION CLEARANCE**

**FORM II**

Patient Name: \_\_\_\_\_ Grade : \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

The athlete named above did not show any symptoms of a concussion and therefore does not have a concussion.

Private Physician's Signature: \_\_\_\_\_

Physician's stamp: